

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Minnesota Life Insurance Company PAC

ADDRESS (number and street)

400 Robert Street North

☐Check if different  
than previously  
reported. (ACC)

St Paul

MN

55101

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00120006

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

04

2008

in the  
State of

MN

5. Covering Period

10

01

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Allen Peterson

Signature of Treasurer

Electronically Filed by Allen Peterson

Date

11

26

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Minnesota Life Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		11360.44
(b) Cash on Hand at Beginning of Reporting Period .....	3905.44	
(c) Total Receipts (from Line 19) .....	1410.00	8455.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5315.44	19815.44
7. Total Disbursements (from Line 31) .....	3000.00	17500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2315.44	2315.44
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Minnesota Life Insurance Company PAC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1220.00	4635.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	190.00	3820.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1410.00	8455.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	1410.00	8455.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1410.00	8455.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1410.00	8455.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	17500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3000.00	17500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	17500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1410.00	8455.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1410.00	8455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

George Connolly

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5660

Amount of Each Receipt this Period

20.00

monthly payroll deduction  
\$10.00

B.

Full Name (Last, First, Middle Initial)

Guy deLambert

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5661

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

C.

Full Name (Last, First, Middle Initial)

Jean Delaney Nelson

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5662

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

SUBTOTAL of Receipts This Page (optional) .....

180.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Sue Ebertz

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5663

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

B.

Full Name (Last, First, Middle Initial)

Robert Ehren

Mailing Address 400 Robert Street N

City

St. Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5664

Amount of Each Receipt this Period

120.00

monthly payroll deduction  
\$60.00

C.

Full Name (Last, First, Middle Initial)

Craig Frisvold

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5665

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark Green

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5666

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Gustafson

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5667

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Hammerly

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5668

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Paul Hirschboeck

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5669

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

B.

Full Name (Last, First, Middle Initial)

Gary Kleist

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5670

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

C.

Full Name (Last, First, Middle Initial)

Dave LePlavy

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President &amp; Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5671

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00

SUBTOTAL of Receipts This Page (optional) .....

160.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Catherine McCarty

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5673

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

**B.**

Full Name (Last, First, Middle Initial)

Lynne Mills

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5674

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Olafson

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5675

Amount of Each Receipt this Period

100.00

monthly payroll deduction  
\$50.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul Rudeen

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.5677

Amount of Each Receipt this Period

40.00

monthly payroll deduction  
\$20.00**B.**

Full Name (Last, First, Middle Initial)

Bruce Shay

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.5678

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00**C.**

Full Name (Last, First, Middle Initial)

Mary Anne Smith

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Co

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

Transaction ID: SA11AI.5679

Amount of Each Receipt this Period

50.00

monthly payroll deduction  
\$25.00

SUBTOTAL of Receipts This Page (optional) .....

170.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Nancy Winter

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5680

Amount of Each Receipt this Period

80.00

monthly payroll deduction  
\$40.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry Woelfel

Mailing Address 400 Robert Street North

City

St Paul

State

MN

Zip Code

55101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Minnesota Life Insurance  
Company

Occupation

Second Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.5681

Amount of Each Receipt this Period

10.00

monthly payroll deduction  
\$10.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

1220.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Life Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

NORM COLEMAN FOR US SENATE

Mailing Address 1410 Energy Park Drive  
Suite 11

City ST PAUL State MN Zip Code 55108

Purpose of Disbursement  
Year to date aggregate \$13,000.00

Candidate Name  
NORM COLEMAN FOR US SENATE

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN

District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: SB23.5692

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....